

State of Hawaii
Department of Health
Adult Mental Health Division
Hawaii State Hospital

Request for Proposals

HTH 430-15-001 Medical Services For Hawaii State Hospital

Date Issued: October 2, 2014

Proposal Submittal Deadline: October 31, 2014

Orientation Session: October 9, 2014

HSH Clinical Directors Conference Room, Bldg A, 10 am

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

October 2, 2014

REQUEST FOR PROPOSALS

Medical Services for Hawaii State Hospital HTH 430-15-001

NOTICE

The Department of Health, Adult Mental Health Division, Hawaii State Hospital Branch, is requesting proposals from qualified applicants to provide medical services for seriously mentally ill adults. The contract term will be from April 1, 2015 through March 31, 2016.

SUBMITTAL DEADLINE

Proposals should be mailed, postmarked by the United States Postal Service (USPS) on or before October 31, 2014 to the mail-in address and received no later than ten days from the submittal deadline. Hand delivered proposals shall be received no later than October 31, 2014, 2:30 p.m. Hawaii Standard Time (HST) at the drop-off sites.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

MAIL-INS:
Hawaii State Hospital
Business Office
45-710 Keaahala Road
Kaneohe, HI 96744

HAND DELIVERIES (DROP-OFF SITES):
Hawaii State Hospital
Business Office
45-710 Keaahala Road
Kaneohe, HI 96744

Applicants are encouraged to attend the Orientation Meeting. (See Section 1)

INQUIRIES

Any inquiries regarding this RFP should be directed to the RFP contact person:

Anthony J. Fraiola
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, HI 96744
Telephone: (808) 236-8257
Facsimile: (808) 236-8632
Email address: Anthony.fraiola@doh.hawaii.gov

RFP Table of Contents

Notice

Section 1 - Administrative Overview

1.1	Procurement Timetable.....	1-1
1.2	Website Reference	1-1
1.3	Authority	1-2
1.4	RFP Organization.....	1-2
1.5	Contracting Office	1-2
1.6	RFP Point-of-Contact.....	1-3
1.7	Orientation	1-3
1.8	Submission of Questions.....	1-3
1.9	Discussions with Applicants	1-4
1.10	Multiple or Alternate Proposals	1-4
1.11	Confidential Information	1-4
1.12	Opening of Proposals	1-4
1.13	Additional Materials and Documentation	1-4
1.14	Public Inspection.....	1-4
1.15	RFP Addenda	1-4
1.16	Final Revised Proposals	1-4
1.17	Cancellation of Request for Proposals	1-5
1.18	Costs for Proposal Preparation.....	1-5
1.19	Provider Participation in Planning	1-5
1.20	Rejection of Proposals	1-5
1.21	Notice of Award.....	1-5
1.22	Protests	1-6
1.23	Availability of Funds	1-6
1.24	Provider Compliance	1-6
1.25	Wages Law Compliance	1-7
1.26	Campaign Contributions by State and County Contractors	1-7
1.27	General and Special Conditions of Contract.....	1-7

Section 2 - Service Specifications

2.1	Overview, Purpose or Need, and Goals of Service.....	2-1
2.2	Planning Activities.....	2-2
2.3	Demographics and Funding	2-3
2.4	Contract Award and Term	2-3
2.5	Secondary Purchases Participation	2-3
2.6	Service Activities	2-3
2.7	Qualifications	2-6
2.8	Pricing Structure	2-10
2.9	Other	2-10
2.10	Reporting Requirements for Program and Fiscal Data	2-10

2.11 Contract Monitoring and Evaluation 2-10

Section 3 - Proposal Application

3.1 General Proposal Submission Instructions 3-1
3.2 Specific Proposal Submission Instructions 3-1

Section 4 - Proposal Evaluation

4.1 Evaluation Process 4-1
4.2 Evaluation Criteria 4-1

Section 5 - Attachments

Attachment A	Proposal Form
Attachment B	Wage Certificate
Attachment C	Proposal Application Checklist
Attachment D	Sample Table of Contents

Section 1

Administrative Overview

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	10/2/14
RFP orientation session	10/9/14
Due date for written questions (4:00pm)	10/14/14
State purchasing agency's response to written questions	10/21/14
Proposal submittal deadline	10/31/14
Proposal evaluation period	11/11/14 - 11/24/14
Final revised proposals (optional)	TBD
Provider selection	11/28/14
Notice of statement of findings and decision	11/28/14
Contract start date	4/1/15

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the "References" tab.
4 General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5 Forms	http://spo.hawaii.gov Click on the "Forms" tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords "Cost Principles"

	Item	Website
7	Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8	Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9	Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10	Department of Taxation	http://tax.hawaii.gov
11	Department of Labor and Industrial Relations	http://labor.hawaii.gov
12	Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13	Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14	Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)		

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal application by a prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into 5 sections:

Section 1, Administrative Overview - The procurement process; requirements for awardees.

Section 2, Service Specifications - Services to be delivered, applicant responsibilities, requirements for the proposal application.

Section 3, Proposal Application – General and specific instructions for proposal application submission.

Section 4, Evaluation - The method by which proposal applications will be evaluated.

Section 5, Attachments - Information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Hawaii State Hospital
 45-710 Keaahala Road
 Kaneohe, HI 96744
 Telephone: (808) 236-8257
 Facsimile: (808) 236-8632
 Email address: anthony.fraiola@doh.hawaii.gov

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Anthony J. Fraiola
 Hawaii State Hospital
 45-710 Keaahala Road
 Kaneohe, HI 96744
 Telephone: (808) 236-8257
 Facsimile: (808) 236-8632
 Email address: anthony.fraiola@doh.hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date:	October 9, 2014	Time:	10:00 a.m.
Location:	SHS Clinical Directors Conference Room, Bldg A, 45-710 Keaahala Road, Kaneohe, HI 96744		

Applicants are encouraged to submit written questions prior to the orientation. Please direct any orientation site questions to 236-8257. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions. Please confirm attendance with the RFP point-of-contact.

1.8 Submission of Questions

Applicants may submit written questions to the RFP point-of-contact identified in subsection 1.6. Written question should be received by the date and time specified in the procurement schedule in subsection 1.1. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: **October 14, 2014** **Time:** **2:00 p.m.** **HST**

State agency responses to applicant written questions will be provided by:

Date: **October 21, 2014**

1.9 Discussions with Applicants

Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements prior to the submittal deadline. Discussions may also be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR §3-143-403.

1.10 Multiple or Alternate Proposals

Multiple/alternate proposals are not applicable to this RFP.

1.11 Confidential Information

If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and will not be withheld.

1.12 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at the designated location(s), proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

1.13 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.14 Public Inspection

Procurement files shall be open to public inspection after contracts have been awarded and executed by all parties.

1.15 RFP Addenda

The State reserves the right to amend this RFP at any time prior to the-closing date for final revised proposals.

1.16 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final revised proposal.

1.17 Cancellation of Request for Proposals

The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with HAR §3-143-613.

1.18 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.19 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

☐ are required

☒ are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with HAR §§3-142-202, 3-142-203.

1.20 Rejection of Proposals

A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons:

- 1) Failure to cooperate or deal in good faith (HAR §3-141-201);
- 2) Inadequate accounting system (HAR §3-141-202);
- 3) Late proposals (HAR§3-143-603);
- 4) Inadequate response to request for proposals (HAR §3-143-609);
- 5) Proposal not responsive (HAR §3-143-610(a)(1));

6) Applicant not responsible (HAR §3-143-610(a)(2)).

1.21 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.22 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Linda Rosen, M.D., M.P.H.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer, Adult Mental Health Division
Mailing Address: PO Box 3378 Honolulu, HI 96801-3378	Mailing Address: PO Box 3378 Honolulu, HI 96801-3378
Business Address: 1250 Punchbowl St., Honolulu, HI 96813	Business Address: 1250 Punchbowl St., Honolulu, HI 96813

1.23 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

1.24 Provider Compliance

All providers shall comply with all laws governing entities doing business in the State.

- A. **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
- B. **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
- C. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

1.25 Wages Law Compliance

If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of

contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)

1.26 Campaign Contributions by State and County Contractors

HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

1.27 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Section 2

Service Specifications

2.1 Overview, Purpose or Need, and Goals of Service

Hawaii State Hospital (HSH) is a 190-bed mental hospital operated under the jurisdiction of the Department of Health (DOH). HSH serves adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, and developmental disabilities, etc.). Almost all patients are committed by either Civil or Penal Code commitment, the latter being in the majority. There are seven (7) treatment units, two of which are admission/acute units. Additionally, there is an inpatient Treatment Mall, with a medication room, operated during weekdays, Monday through Friday. HSH also operates a specialized outpatient residential facility on the hospital grounds. The majority of patients are in need of some type of drug therapy and substance abuse treatment.

Patients at HSH traditionally have extended stays. Many of them arrive with chronic medical illness or develop acute medical illness during their stays. HSH needs to contract with facilities and providers in the community for those services it cannot provide internally. Required services run the entire gamut of acute and elective, medical and surgical, diagnostic and therapeutic procedures including emergency medical services.

Exact needs for medical services cannot be determined. Request for services shall be based on needs of medical services throughout the contract period.

The goal of the RFP is to provide safe and effective medical services care that will maintain the health and physical functions of the mentally ill patients admitted to HSH and minimize the impact of medical disease and injury on their community reintegration.

2.2 Planning Activities

A Request for Information was conducted on August 29, 2014 to provide all interested parties an opportunity to pose questions and to collect perspectives on the proposed services included in this RFP.

2.3 Demographics and Funding

Target population to be served: HSH patients that require inpatient and/or outpatient medical care and treatment.

Geographic coverage of service: The HSH is located at the windward side of the Island of Oahu, and it provides services to all patients of the State of Hawaii. HSH will arrange for the transportation of its patients to and from the provider's facilities for emergency and/or routine medical care services.

Probable funding amounts, source, and period of availability:

FY 2015 General funds, \$1,000,000 (estimated)

2.4 Contract Award and Term

Single or multiple contracts to be awarded (HAR §3-143-206):

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

The state needs the flexibility to award funding to more than one (1) applicant. Not all applicants will be awarded a contract. In the event that more than one (1) applicant's proposal for a services meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of providers in order to provide choices for HSH.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.

Term of Contract(s)	
Initial term:	1 year
Length of each extension:	12 months
Number of possible extensions	5
Maximum length of contract:	6 years

Conditions for Extension: Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service and availability of funds. Mutual agreement must be made in writing 60 days prior to expiration of the existing contract and the execution of a supplemental agreement.

2.5 Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases

None.

2.6 Service Activities

Delivery of Service

Provider will provide both in- and outpatient medical and psychiatric services to HSH clients in need of acute or chronic medical care. Services can be provided at the main hospital or any other satellite locations throughout the State of Hawaii. It is expected that the provider be fully Joint Commission accredited.

While providing patient care services to HSH clients, the provider shall comply with all provisions of Federal and State licensing laws to protect the health and welfare of its patients. Services may include, but are not limited to, emergency room services, invasive and non-invasive diagnostic procedures, surgical and orthopedic procedures, intravenous therapy and blood bank services, both on an inpatient and outpatient basis as applicable.

Responsibilities of Provider

Provider's Employees or Agents:

- 1) The provider will provide quality medical and surgical services to all patients referred by HSH. The provider will provide acute and emergency care and must be accessible 24 hours a day, 7 days a week.
- 2) HSH patients will be referred to the provider's facilities based on HSH Physician's recommendations.
- 3) The provider will report results promptly, including admission, discharge, procedure dictations, and recommendations for treatment and follow-up (see under Reports).
- 4) The provider and HSH will work collaboratively and in partnership in providing quality patient care by maximizing continuity of care,

participating in ongoing communication and sharing educational resources.

- 5) For non-emergent appointments, HSH patients will be expected to be seen within 15 minutes of scheduled appointment time or as soon as clinically appropriate.
- 6) HSH will provide supervision to patients referred to provider's facilities based on clinical needs and/or court requirements on a case-by-case basis.
- 7) Inpatient care.

Reports

- 1) A legibly written report, including diagnosis, treatment provided, pertinent test results (including lab and x-ray tests) obtained, and recommendations for further treatment or follow-up will be given to the HSH attendant who accompanies the patient to any outpatient test, procedure or appointment.
- 2) HSH may request a preliminary report for any outpatient test within
- 3) The following will be provided for all admissions upon discharge:
 - a. All medical issues will be clearly identified with a description of the hospital course, including treatments, consults, procedures and complications.
 - b. Education and detailed after care instructions on current medications, treatments, equipment, possible adverse effects and follow-up.
 - c. Copies of all pertinent lab tests, procedures and consultant reports.
 - d. If the above reports are not provided upon discharge, HSH will be able to request this information from the provider in order to provide for continuity of care, without getting a signed release of information from the patient.
- 4) Final dictated reports will be received within 14 calendar days (or sooner) after any inpatient procedure or discharge, and within 5 working days (or sooner) for outpatient procedures.

- 5) All final reports are to be mailed or faxed to:

Hawaii State Hospital
 Medical Services Unit
 45-710 Kealahala Road
 Kaneohe, Hawaii 96744
 Fax: (808) 236-8448

- 6) All verbal reports, including critical values or results, are to be called to the physician who ordered the intervention, the Chief of Medical Services or the Officer of the Day. All of the above may be reached through the HSH Telephone Operator at (808) 247-2191.

The provider is required to comply with all Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requirements. The provider shall describe how they protect confidential information. The provider shall not use or disclose patient health information ("PHI") in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The provider shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the contract or by law. The provider shall not use or further disclose PHI for any purpose other than the specific purposes stated in DIVISION contracts or as provided by law and shall immediately report to DIVISION any use or disclosure of PHI that is not provided in this contract or by law.

The provider shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 42 U.S.C. sections 290dd-3 and 290ee-3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. Such records shall be made available to the DIVISION upon request.

Where required, written consumer consent shall be obtained for individuals and services funded by the DIVISION including:

- 1) Consent to release information by DIVISION funded service providers as needed for continuity of care or for transition to another service provider, including after care services;
- 2) Consent for claims to be submitted, on behalf of the consumer, for reimbursement or third party billing;
- 3) Consent to enter registration information into the confidential Statewide DIVISION information system; and
- 4) Other consent documents as needed.

Consumer consent is not required for oversight activities of the DIVISION and its agents, and in the case of MRO Services, the

Centers for Medicare and Medicaid Services (“CMS”) Office of the Inspector General, the Med-QUEST Division (“MQD”) and their agents.

Subcontracting:

The provider shall not assign or subcontract any of the Provider’s duties, obligations, or interests under this RFP without the prior written consent of HSH. If the provider finds it necessary to subcontract some of the work herein, the HSH consents to the subcontract, it is understood that no subcontract shall, under any circumstances, relieve the provider of his/her obligation and liability with the State and all persons engaged in performing the work covered by this RFP shall be considered employees of the Provider.

Applicant shall list on the Proposal Form (Attachment A), all subcontractors to be used to perform the services specified herein, HSH reserves the right to request additional information about any subcontractor listed. Such information shall be provided to HSH within five (5) days of the request. HSH shall approve all subcontractors prior to award.

The provider(s) receiving an award as a result of this RFP will be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract and will be responsible for all services whether or not the Provider performs them.

2.7 QUALIFICATIONS

A. Experience

Qualification of Applicants

The applicant should be a licensed, Joint Commission accredited medical trauma facility.

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found in the POS Manual.

Providers shall be licensed by the State of Hawaii to provide the services contracted, and accredited by the Joint Commission, Center for Medicare and Medicaid Services (CMS, originally HCFA), Commission on Accreditation of Rehabilitation Facilities (CARF), Clinical Laboratories Improvement Act (CLIA), and/or the American Society of Clinical Pathologists (ASCP) as appropriate for the services provided.

Since HSH cannot predict the medical needs of its patients, providers shall bill for actual services provided based on current medicare allowable rate plus %.

Providers may sub-contract for the services under this RFP as long as they comply with all the above requirements and provided that the particular medical service is not available in their institution and there is no additional cost to HSH.

It is understood that no sub-contract shall, under any circumstances relieve the provider of his/her obligation and liability with the State and all persons engaged in performing the work covered by this RFP shall be considered employees of the provider.

The provider(s) receiving an award as a result of this RFP will be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract and will be responsible for all services whether or not the provider performs them.

Qualification of Employees, Agents and Subcontractors

The provider shall secure, at the provider's own expense, all personnel required to perform the services required by this RFP. The provider shall ensure that the provider's employees agents and subcontractors are experienced and fully qualified to engage in the activities and services required herein, and that all applicable licensing and operating requirements imposed or required under federal, state or county law, and all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.

Organization

Administrative

Hawaii General Excise Tax License. Applicant shall submit the current Hawaii General Excise Tax I.D. number in the space provided on the Proposal Form.

Tax Liability. Services to be performed under this RFP are a business activity taxable under Chapter 237 Hawaii Revised Statutes (HRS) and Chapter 238 HRS as applicable. Both out-of-state vendors and Hawaii vendors are advised that the gross receipts derived from this proposal are subject to the four percent 4% general excise tax and one-half percent .5% City and County of Honolulu surcharge tax where applicable.

The Provider shall be responsible for payment of all applicable federal, state, and county taxes and fees which may become due and owing by the Provider by reason of this RFP, including, but not limited to (a) income taxes, (b) employment related fees, assessments, and taxes, and (c) general excise taxes.

Licenses. The Provider is further responsible for obtaining all licenses, permits and certification that may be required by reason of this RFP.

Prior to contract award, HSH will require certification of the following insurance coverages:

Worker's Compensation
Temporary Disability Insurance
Unemployment Insurance
Prepaid Health Care

Insurance. The Provider shall be responsible for securing any and all insurance coverage for the Provider and the Provider's employees and agents which is or may be required by law during the term of the contract. The Provider shall further be responsible for payment of all premiums, costs, and other liabilities associated with securing said insurance coverage. Applicants shall provide insurance information where indicated on the Proposal Form on the following:

Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the provider, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the provider and its employees, agents, and subcontractors against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this contract. Subcontractors shall also be bound by this requirement and it is the responsibility of the provider to ensure compliance with this requirement.

Paragraph 1.4, General Conditions is replaced with the following:

The provider shall obtain, maintain, and keep in force throughout the period of the contract the following types of insurance:

- a. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.
- c. Professional Liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and not less than FIVE MILLION AND NO/100 DOLLARS (\$5,000,000.00) in the aggregate annually

The insurance shall be obtained from a company authorized by law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For both the general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The provider shall maintain in effect this liability insurance until the State has certified that the provider's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this contract, the provider shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto as Exhibit " " and be made a part of this contract.

Each insurance policy required by the contract shall contain the following clauses:

- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The provider shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under the contract, the provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

W-9 Form. Provider shall complete and submit a W-9 Form.

Wage Certificate. The applicant shall complete and submit the Wage Certificate (Attachment B) by which applicant certifies that the services required will be performed pursuant to Section 103-55 (HRS).

Experience

The applicant shall demonstrate past experience relating to the delivery of the proposed services including, but not limited to, previous and current contract performance with HSH Medical Services Unit and other healthcare institutions.

Coordination of Services

The provider shall demonstrate capability to coordinate services with the HSH Medical Services Unit staff, as well as other appropriate staff within the HSH.

B. Personnel

Management Requirements (Minimum and/or mandatory requirements)

1) Personnel

The provider shall insure that all its personnel are competent and properly licensed to perform the services requested, and that they are appropriately insured for malpractice and negligence.

2.8 Pricing Structure

Pricing or pricing methodology to be used

HSH cannot precisely predict the medical needs of its patients during the contract period, therefore the provider will bill for actual services provided based on current Medicare allowable rate plus proposed percentage (%).

The proposed rate (Medicare rate plus %) shall include all labor, administrative cost, medical supplies, applicable taxes, and any other expenses necessary to perform the services specified herein. Budget forms as appropriate shall be submitted to determine the competitiveness and reasonableness of the proposed rate.

2.9 Other

Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. *Statements regarding litigation will not carry any point value but are required.*

2.10 Reporting Requirements for Program and Fiscal Data

The provider shall be responsible to keep competent financial records of all transactions regarding the medical services contract, and if requested, shall provide financial information to HSH.

Monthly billing shall be on a UB-04 CMS-1450 claim form and shall include the patient's name, date of service, medical service provided, and charges. The Contractor shall bill any third-party payors first, then HSH. The Explanation of Benefits and/or Remittance Report shall be attached to the claim form to determine the final liability of HSH.

Send monthly invoices to the following address:

Hawaii State Hospital
Attn: Business Office
45-710 Keaahala Road
Kaneohe, Hawaii 96744

The provider and any subcontractors shall maintain the books and records that relate to this contract and any cost or pricing data for three (3) years from the date of final payment.

2.11 Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

Quality assurance and evaluation specifications

The written report required under 2.6 shall include arrival time, time seen, and time dismissed.

The provider shall promptly inform the Chief of Medical Services or Designee at HSH of any internal or external investigation or proceedings which potentially affects the well-being of any patient referred by HSH. The Chief of Medical Services or Designee shall be bound to use this information solely for the protection of the involved patients.

Section 3

Proposal Application

3.1 Instructions for Completing and Submitting Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*
- *The proposal application documents shall be submitted in the following order:*

Proposal Application Identification Form (SPO-H-200)

Table of Contents- Include a listing of all documents included in the application.

Proposal Application Short-Form 1

- 1.0 Qualification
 - A. Experience
 - B. Organization
 - C. Personnel
 - D. Facilities
- 2.0 Pricing
- 3.0 Other
 - A. Litigation
- 4.0 Attachments

3.2 Specific Proposal Application Instructions

3.2.1 Qualifications

A. Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge relating to the delivery of the proposed services.

The applicant shall provide a listing of verifiable experience with projects or contracts for the most recent five (5) years that are pertinent to the proposed services.

The applicant shall include points of contact, addresses, e-mail, and phone numbers. The state reserves the right to contact references to verify experience.

Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

The applicant's Quality Management Plan and any relevant Quality Improvement Projects that can be shared are to be submitted.

Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

The applicant shall demonstrate the capability to coordinate services with the Medical Services Unit staff, as well as other appropriate staff within the Hawaii State Hospital.

B. Project Organization and Staffing

Staffing

The applicant shall describe the proposed staffing relative to the personnel requirements described in Section 2.7, C 1. (Refer to the personnel requirements in the Service Specifications, as applicable.)

The applicant shall provide the minimum qualifications, which includes but are not limited to, licensure, educational degrees, and experience for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

Project Organization

Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Proof of competencies of staff shall be maintained in accordance with TJC, State and Federal standards.

C. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2.7, C 1). - Qualifications, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The applicant shall provide:

1. A detailed description of the service which the applicant is proposing to provide;
2. A statement by the applicant that it is ready, willing and able to provide services throughout the time of the contract period; i.e., April 1, 2015 - March 31, 2016; and
3. A statement by the applicant that it has read and understands the RFP and will comply with HSH requirements.

D. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

3.2.2 Pricing / Financial

Pricing Structure Based on Unit of Service/Negotiated Rate

Applicants shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application. For this purpose, the applicant shall complete Proposal Form (Attachment A) to indicate the Proposed Rate.

The following form(s) which are located on the SPO website shall be submitted with the POS Proposal Application to determine the competitiveness and reasonableness of the proposed rate:

- SPO-H-205
- SPO-H-206A
- SPO-H-206B
- SPO-H-206C*
- SPO-H-206D*
- SPO-H-206E*
- SPO-H-206F*
- SPO-H-206G*
- SPO-H-206H*
- SPO-H-206I*
- SPO-H-206J*

* These forms are to be submitted only if cost items are included in the proposed budget. (Example: if you include Inter-Island Travel as a budgeted item, submit Form SPO-H- 206C)

All budget forms, instructions and samples are located on the SPO website (See Section 1, paragraph II for website address).

Other Financial Related Materials

Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application:

- a) The applicant shall submit a cost allocation plan showing how cost is allocated across different funding sources.
- b) The applicant shall submit a copy of its most recent audited or compiled financial statements.

3.2.3 Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. (*Statements regarding litigation will not carry any point value but are required.*)

Section 4

Proposal Evaluation

4.1 Evaluation Process

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

4.2 Evaluation Criteria

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to the attached when upon completion of the evaluation process

4.1.1 Qualifications - Evaluation Criteria (100 total points)

A. Experience (20 points)

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- Demonstrated past experience relating to the delivery of the proposed services including, but not limited to, previous and current contract performance with HSH.
- Demonstrated ability to respond to consumer complaints

Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

Coordination of Services

- Demonstrated capability to coordinate services with the HSH Medical Services Unit staff, as well as other appropriate staff within HSH.

B. Project Organization and Staffing (10 points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

Staffing

- Proposed Staffing: That the proposed staffing is reasonable and available to meet the staffing needs of HSH.
- Staff Qualifications: Minimum qualification (including experience) for staff assigned to the contract.

Project Organization

- Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services.

C. Service Delivery (50 points)

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

- The development of referral service systems if the provider cannot provide a requested service.
- The provider must be accessible 24 hours a day, seven days a week, to respond to emergency medical service requests and/or complaints.

D. Facilities

- Adequacy of facilities relative to the proposed services.

4.1.2 Pricing / Financial - Evaluation Criteria (20 points)

Pricing structure based on current Medicare allowable rate plus percentage (%):

- Medical procedures costs are reasonable and competitive.
- Non-personnel costs are reasonable and adequately justified.
- The extent the budget supports the scope of service, available staff and requirements of the Request for Proposal.
- Adequacy of accounting system.

Section 5

Attachments

- A. Proposal Form
- B. Wage Certificate
- C. Proposal Application Checklist
- D. Sample Table of Contents

Attachment A

Proposal Form

MEDICAL SERVICES FOR
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
RFP NO. HTH 430-15-001
PROPOSAL FORM

Anthony Fraiola
RFP Contact Person
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: _____

Respectfully submitted,

Telephone No.: _____

Fax No.: _____

Exact Legal Name of Applicant

Payment address, if other than
street address at right:

Authorized Signature (Original)

Title

Hawaii General Excise Tax Lic.
I.D. No.: _____

Street Address

Social Sec. or Federal I.D. No.: _____

City, State, Zip Code

If applicant shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other

State of incorporation: Hawaii ___ *Other _____

*If "other", is corporate seal available in Hawaii? ___ Yes ___ No

Applicant shall provide the following information as required by this RFP.

OFFICE LOCATION(S):

Address: _____

Point of Contact: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

INSURANCE:

	Carrier	Policy No.	Agent
General Liability			
Automobile	_____	_____	_____
Medical Professional Liability	_____	_____	_____
Workers Compensation	_____	_____	_____
Temporary Disability	_____	_____	_____
Prepaid Health Care	_____	_____	_____

Unemployment Insurance: State of Hawaii Labor No. _____

Applicant _____

SUBCONTRACTOR(S):

Will any part of the services specified in this RFP be subcontracted?

YES _____ NO _____

If yes, list below all subcontractors to be used and what portion of the services the subcontractor(s) will be providing (use additional sheets of paper if necessary):

1. Name of Subcontractor: _____

Portion of services to be provided by subcontractor:

Applicant _____

2. Name of Subcontractor: _____

Portion of services to be provided by subcontractor:

The following proposal is hereby submitted for medical services for Hawaii State Hospital as specified herein:

- | | Proposed Rate |
|--|---------------|
| 1) For Inpatient care and services
(Patient doesn't have any insurance)
Current Medicare eligible rate, plus | _____ |
| 2) For outpatient, ambulatory services &
Same day surgery, etc. (Patient doesn't have any
Insurance) current Medicare eligible rate, plus. | _____ |

Provider shall bill any third party payor first, then Hawaii State Hospital will pay final patient's liability.

Applicant _____

Attachment B

Wage Certificate

WAGE CERTIFICATE
(For Service Contracts)

Subject: RFP No.: _____

Title of RFP: _____

(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant _____

Signature _____

Title _____

Date _____

Attachment C

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 430-15-001

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are located on the SPO website at <http://www.spo.hawaii.gov>. Click Procurement of Health and Human Services and For Private Providers*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C **	Section 3, RFP	SPO Website*		
SPO-H-206D **	Section 3, RFP	SPO Website*		
SPO-H-206E **	Section 3, RFP	SPO Website*		
SPO-H-206F **	Section 3, RFP	SPO Website*		
SPO-H-206G **	Section 3, RFP	SPO Website*		
SPO-H-206H **	Section 3, RFP	SPO Website*		
SPO-H-206I **	Section 3, RFP	SPO Website*		
SPO-H-206J **	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>				
Debarment & Suspension				
Drug Free Workplace				
Lobbying				
Program Fraud Civil Remedies Act				
Environmental Tobacco Smoke				
Program Specific Requirements:				
Wage Certificate	Section 2,3 RFP		X	
Proposal Form	Section 2,3 RFP		X	

Authorized Signature

Date

** If applicable.

Attachment D

Sample Table of Contents

Proposal Application Table of Contents

Program Overview	1
Experience and Capability	1
Necessary Skills	2
Experience.....	4
Quality Assurance and Evaluation.....	5
Coordination of Services.....	6
Facilities	6
Project Organization and Staffing	7
Staffing.....	7
Proposed Staffing.....	7
Staff Qualifications	9
Project Organization	10
Supervision and Training.....	10
Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
Service Delivery	12
Financial.....	20
See Attachments for Cost Proposal	
Litigation.....	20
Attachments	
Cost Proposal	
SPO-H-205 Proposal Budget	
SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
SPO-H-206C Budget Justification - Travel: Interisland	
SPO-H-206E Budget Justification - Contractual Services – Administrative	
Other Financial Related Materials	
Financial Audit for fiscal year ended June 30, 1996	
Organization Chart	
Program	
Organization-wide	
Performance and Output Measurement Tables	
Table A	
Table B	
Table C	
Program Specific Requirements	